United States Bankruptcy Court District of Idaho Complete this form and mail to: U.S. Bankruptcy Court 550 W.Fort St. Boise, ID 83724		PROOF OF CLAIM THIS SPACE IF FOR COURT USE ONLY 1944 (1444) SCARLE A CORE
Name of Debtor:	Case Number:	100 (100 to 00 (60 M))
COMMUNITY HOME HEALTH INC	98-02141	
Chapter: Trustee: Proof of claim form and all supporting documents must be filed in DUP		of Artistantia
NOTE: This form should not be used to make a claim for an administration of the case. A "request" for payment of an administrative expense may be f	live expense arising after the commencement Hed pursuant to U.S.C. §503	
Name of Creditor (The person or other entity to whom the debtor owes money or property): POB87 HAMMETT ID 83627 When I, Hammett ID 83627	 □ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. □ Check box if you have never received any notices from the bankruptcy court in this case. □ Check box if the address differs from the address on the envelope. 	
Account or other number by which identifies debtor:	Check here if this claim: Replaces Amends a previously filed claim dated:	
1. Basis for Claim Goods Sold Services Performed Retiree benefits as defined in 11 U.S.C. §1114(a) Other (please des Wages, Salaries and compensation: Your Social Security Name Unpaid Compensation for services performed from 5 - 30 - 78	cribe):	y/Wrongful Death
2. Date debt was incurred: 5-30-88	3. If court Judgment, date obtained:	
4. SECURED CLAIM ☐ Check box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: ☐ Real Estate ☐ Motor Vehicle	5. UNSECURED PRIORITY CLAIM Check box if you have an unsecured priority Amount entitled to priority \$ 2720	
Value of Collateral \$ Amount of arrearage and other charges at time the case was filed included in secured claim, if any: \$	SPECIFY PRIORITY OF CLAIM: Wages, Salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation or the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3)) Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))	
6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED UNSECURED \$ PRIORITY \$ 27 20 TOTAL \$ 2720, TOTAL \$	☐ Up to \$1,800* of deposits toward purchase, personal, family or household use (11 U.S.C. Alimony, maintenance, or support owed to a (11 U.S.C. § 507 (a)(7)) ☐ Taxes or penalties owed to governmental und Other - Specify applicable paragraph of (11 *Amounts are subject to adjustment on 4/1/98 respect to cases commenced on or after the data	C. § 507 (a)(6)) a spouse, former spouse or child iits (11 U.S.C. §-507 (a)(8)) U.S.C. § 507 (a)() B and every 3 years thereafter with
 7. Credits: The amount of all payments on this claim has been credited a 8. Supporting Documents: Attach copies of supporting documents, such accounts, contracts, court judgments, mortgages, security agreements, If the documents are not available, please explain. If the documents at 9. Date Stamped Copy: To receive an acknowledgment of the filing of claim. 	n as promissory notes, purchase orders, invo and evidence of perfection of lien. DO NO re voluminous, attach a summary.	ices, itemized statements of running F SEND ORIGINAL DOCUMENTS.
Sign and print the name and title, if any of the cre Alice Fay Atwoo PO BOX 87 Ham me H. II	ditor or other person authorized to file this claim (attach o	copy of power of attorney, if any)
Penalty for presenting fraudulent claim: Fine up to \$500,000 or impri		.§152 and §3571

56 K